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Navy & Marine Corps Medical News (MEDNEWS)  
#97-15  
Apr. 10, 1997

This service distributes news and information to  
Sailors and Marines, their families, civilian employees, and  
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MN97127. Camp Pendleton Docs Have Skills, Will Travel  
Yuma, AZ - Beginning April 16, Naval Hospital (NH) Camp  
Pendleton, CA, will start sending orthopedic physicians to  
the Branch Medical Clinic at Yuma, AZ.

These ortho docs will go to Yuma two days each month.  
Hundreds of miles away and located in a different state, the  
Yuma clinic falls under the responsibility of the hospital  
at Camp Pendleton.

"We will rotate our physicians systematically, which  
will allow each of the orthopedic doctors to get experience  
working at the deckplates with a Marine unit," said LCDR  
Wayne Inman, MC, an orthopedic surgeon at Camp Pendleton who  
is the watchbill coordinator for the program.

Traveling is nothing new for NH Camp Pendleton's  
orthopedic doctors. According to Inman, his crew already  
provides door-to-door services to Camp Pendleton's  
Bridgeport clinic, which is located in northern California  
near Reno, NV.

Since the orthopedic department already has experience  
in traveling medicine, the setup process for Yuma is

expected to be "painless".

"Basically, our doctors will review new consults and provide initial evaluations," said CDR Igor Jercinovich, MC, one of the traveling orthopods. "However, individuals needing definitive surgical procedures will still need to be transported from the Yuma clinic to the surgical facilities at Naval Hospital Camp Pendleton."

By HM2 Jack Kovic, NH Camp Pendleton

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#### MN97128. Corpsman and Cardiac Monitor Make History on the Waterfront

USS VINCENNES (CG 49) and its Independent Duty Corpsman (IDC), HMC(SW/AW) Robert E. Wilson are making medical history on their waterfront, thanks to a piece of state-of-the-art medical equipment that might just save lives.

Wilson is one of the first corpsmen to be trained to use to use a Zoll PD 2000, a high-tech combination cardiac monitor and defibrillator.

The machine is unique. While other machines analyze and monitor cardiac (heart) rhythms, the PD 2000 also helps the IDC on scene determine if defibrillation (electrical stimulation of the heart) is necessary.

VINCENNES is one of only five surface force ships in the U.S. Pacific Fleet with no physician embarked to have a PD 2000.

The Bureau of Medicine and Surgery's pilot program to place PD 2000 units on board ships has already shown its usefulness. On one occasion, Wilson used it to monitor a Sailor who had chest muscle strain from running the semi-annual physical readiness test.

On another occasion, he used it on a chief who was experiencing angina, a potentially serious type of chest pain. The PD 2000 proved extremely accurate and helpful, providing evidence that the medical condition was not a heart attack.

Wilson attended a one week training course to qualify to operate the PD 2000.

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#### MN97129. The President's Knee: A Story for the Grand Kids

Bethesda, MD - Years from now, LCDR Marlina de Maio, MC, and LTJG Nannette Pace, MSC, can tell their grand kids about how they took care of the President.

De Maio, an orthopedist, and Pace, a physical therapist, both from National Naval Medical Center (NNMC) Bethesda, were on the medical team that accompanied President Clinton on his recent trip to Helsinki, Finland, and they'll continue going wherever he goes to assist the Commander-in-Chief with his knee rehabilitation.

"It's an honor to go with him," Paco said. "We are going to do everything we can to help him get to full strength and full range of motion with that knee."

"I certainly didn't think something like this would

happen to me," de Maio said. "I am honored to be chosen."

De Maio said President Clinton is responding well to the physical treatment.

"He's the perfect patient," she said. "And Lieutenant Paco is going gangbusters taking care of him."

By HM3 Joseph L. McDonald, NNMC Bethesda

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#### MN97130. 3rd Medical Battalion Practices for Disaster

Camp S.D. Butler, Okinawa - It's a scene that's enough to make a corpsman's blood run cold. A C-130 has crashed and burned. There are at least 10 casualties - all priority one.

This was the exercise scenario faced by the men and women of 3rd Medical Battalion in preparation for their July deployment to Thailand with Exercise Cobra Gold 97. During the deployment, they will be attached to Combat Service Support Detachment 32's medical detachment.

"We were running through the worst possible scenario, which would be handling an aircraft disaster with minimal medical support," said LT Carl Manemeit, MSC, 3rd Medical Battalion. "We get a call from the flight line and respond with ambulances, treat the casualties and get them back to the BAS (Battalion Aid Station)," he said.

Manemeit said the majority of the simulated casualties in this exercise were priority one and two, injuries that call for swift and incisive action. An example of a priority one casualty is an individual who needs immediate cardiopulmonary resuscitation. A priority two injury is life-threatening, and requires treatment within 30 minutes.

"A lot of people in the medical field have questions about how effectively they'll perform in the field during a mass casualty disaster," said Manemeit. "With drills of this sort we can go over the scenario and they can get past the hesitation and nervousness and know exactly how they'll perform."

Manemeit said his team is now ready for Operation Cobra Gold.

"Training went well and our people performed," he said. "I expect things to continue to go well."

By LCPL Thomas H. Champion, Camp Butler, Okinawa

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#### MN97131. Fleet Hospital 5 Cares for Haitians

Haiti - When members of Fleet Hospital 5 (FH5) (staff from Naval Hospital, Bremerton), dropped anchor in the Haitian city of Port-au-Prince two months ago, they didn't need to question why they would be spending six months there. They only needed to look around. Just ask HA Ana Huezoescobar.

"I can see there is a lot of good we can do for the Haitian people. I really feel like I can go out there and make a difference to help save this part of the world," she said.

FH5's mission to provide health care and health education to the people of Haiti may not "save" that part of the world, but it is offering needed medical care to people who otherwise might not get any. These humanitarian assists consist of eight to 20 health care providers visiting orphanages, missions, schools, and other locations.

"Our personnel have been traveling from the slums of Port-au-Prince to the countryside to deliver sorely needed medical and surgical care to the Haitians," said FH5 Executive Officer CDR Dana Covey, MC. "In fact, we performed our first humanitarian assistance visit the day after arriving. We made an emergency run to a local hospital to deliver blood for a gunshot victim."

In the short time the fleet hospital staff has been in Haiti, they have visited 32 locations and cared for more than 1,710 patients.

By Judith Robertson, Naval Hospital Bremerton, WA

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#### MN97132. Halyburton Supports the Blues

Cherry Point, NC - More than 80 staff members from Halyburton Naval Hospital (NH), 12th Dental Company, and Flight Line Medical will be providing support for the Blue Angels Air Show Apr. 12. With more than 130,000 people expected to be on hand, having an emergency medical response team on the scene will be absolutely essential.

"Preparing for this event has required a tremendous effort by everyone involved," said LT Necia Williams, MC, the hospital's emergency medical services division officer. "Volunteers from all areas of the hospital have stepped forward to offer their services. The response has been phenomenal. We are tasked with preparing for everything from sunburn to a mass casualty event."

The hospital will set up two first aid stations and a medical information booth, and will also have a mass casualty crew pre-staged with the Crash, Fire and Rescue Response Team. According to Williams, the hospital has worked closely with area medical facilities as far away as the Chapel Hill (NC) Burn Unit and the Duke Trauma Center in Chapel Hill to be prepared for any emergency.

"We have the capability to airlift about 50 people almost immediately," Williams said. Five helicopters will be standing by to medevac patients if required. There also will be a dozen ambulances available for ground transport.

"When you have a crowd this large, you have to be prepared," Williams said. "I think we're making a major contribution, and that's something to be proud of."

By CDR Morgan Smith, Halyburton NH

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#### MN97133. Great Lakes Drug Lab Goes On Line

Great Lakes, IL - Navy Drug Screening Laboratory (NDSL) Great Lakes entered cyberspace recently by posting its own homepage on the Internet.

Besides providing information about the lab, it also has tips on managing your command's drug testing program.

"We update the site as program changes occur," said NDSL Great Lakes Webmaster Mike Coulombe.

Customers can also contact the lab via the homepage with an e-mail link.

"E-mail alone significantly enhances communication with our customers, especially those overseas. This Web page is an opportunity to reach a world-wide audience," said HMCS(SW) Bob Spottswood, the lab's command senior chief.

NDSL Great Lakes' homepage can be accessed at [ndslgl.med.navy.mil](mailto:ndslgl.med.navy.mil).

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#### MN97134. Recruit Health Care Symposium To Be Held

The third annual Uniformed Services Recruit and Trainee Health Care Symposium is being held May 19-21 at the Walter Reed Army Institute of Research in Washington, DC.

In support of this year's theme, "Reducing Attrition, Promoting Health," the symposium will provide up-to-date clinical and administrative information that will decrease attrition, reduce injury, reduce mortality, and increase fitness and health of recruits and trainees.

This tri-service conference is aimed at health care providers and those involved in recruit or student training.

Symposium cost is \$80 for physicians and \$60 for others.

For registration information, contact MAJ Ralph Loren Erickson, MC, at (202) 782-1300, DSN 662-1330, fax (202) 782-0613, or e-mail [Maj\\_Loren\\_Erickson@WRSMTTP-CCMAIL.ARMY.MIL](mailto:Maj_Loren_Erickson@WRSMTTP-CCMAIL.ARMY.MIL). Registration deadline is May 5.

Lodging reservations may be made at Mologne House at Walter Reed Army Medical Center. Contact Peter Anderson at (202) 782-4946, DSN 662-4946 or fax (202) 782-4665. Deadline for lodging reservations is May 9.

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#### MN97135. Navy Has New Internet Address

Cyberspace - The U.S. Navy has a new address in Cyberspace. The official worldwide Web address is now [www.navy.mil](http://www.navy.mil).

The Navy's homepage first went on line in November 1993 as a loosely organized repository of information for Navy people. Since then it has evolved into a potent tool to communicate with the entire Navy family (active duty, Reserve, retired, civilian employees, and families), stockholders (taxpayers), and the media.

A recent survey in the Wall Street Journal showed the Navy's homepage was the fifth most popular government-operated site on the Internet. It offers a wealth of information including news, digital images and special features.

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MN97136. First Hawaii, Now All of Pacific Comes Under TRICARE

Hawaii - What began as TRICARE Hawaii, DOD's managed health plan for the 50th state, now delivers medical coverage to service members and their families throughout the Pacific theater.

It's not easy to link more than a quarter million beneficiaries scattered throughout this vast area of the world to a single health care plan, officials here admitted. But they've been up to the challenge, according to Army BGEN Warren Todd, MC, TRICARE Pacific's lead agent.

"For Hawaii, alone, we lead the nation in TRICARE Prime (the plan's health maintenance option) enrollment," Todd said. More than 48,000 active duty service members are enrolled automatically, he noted, but in addition, 40,000 family members have signed up.

Not only have these people enrolled in TRICARE, but they're finding access to medical care easier than before, Todd said.

"We're meeting all DOD standards for access," he said. By Douglas J. Gillert, American Forces Press Service

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MN97137. Healthwatch: Snoring May Cause Restless Nights

Do you suffer from restless nights? Or when you awake do you feel as though you haven't slept at all?

The reason for your sleeplessness may be snoring. More than 45 percent of adults snore at some time and 25 percent are habitual snorers. Studies show men suffer from snoring more than women.

Snoring disrupts normal sleep patterns and family life. Many times the snorer is the object of ridicule and resentment.

The age old annoyance of snoring is caused by an obstruction of air flow through the passages at the back of the mouth and nose. Snoring occurs when the area where the tongue and upper throat meet the soft palate and uvula - the small flap of tissue hanging in the back of your throat - strike against each other and vibrate during breathing.

Some of the physical conditions that contribute to snoring include poor muscle tone in the throat and tongue muscles, excessive bulkiness in the throat tissues, excessive length of the soft palate and uvula, and obstructed nasal airways. Deformities of the nose, such as a diverted septum, can cause nasal obstruction.

Snoring is not dangerous to health. However, a condition known as obstructive sleep apnea may cause irregular heartbeats leading to elevated blood pressure and heart enlargement. This disorder occurs when loud snoring is interrupted by frequent episodes of totally obstructed breathing. Episodes last over ten seconds each and can occur more than seven times per hour.

The immediate effect of this disorder is oxygen starvation which causes lighter sleep and deprivation of the

deep-sleep stages essential for good rest. Victims of obstructive sleep apnea awaken unrefreshed and often sleep much of the day. The disorder may require a physician monitored sleep study for evaluation.

Heavy snorers, those who snore in any position, should seek medical advice for treatment. Treatment will depend on the diagnosis.

Light snorers, those that suffer from mild or occasional snoring, can follow these self remedies:

- Adopt a health and athletic lifestyle to develop good muscle tone to lose weight.
- Establish regular sleeping patterns.
- Sleep sideways rather than on your back.
- Sleep with the bed tilted four inches upward.
- Avoid tranquilizers, sleeping pills and antihistamines before bedtime.
- Avoid alcohol at least four hours before bedtime.
- Avoid heavy meals three hours before bedtime.

Courtesy of the American Academy of Otolaryngology Surgery

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